PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER			ER FILED	NUMBER EXTRA			RATE	FEE	]	RATE	FEE
BASIC FEE (37 CFR 1.16(a))								š	OR		<u>,</u>
	TAL CLAIMS CFR 1.16(c))		minus 20 =				X \$=		OR	X 8 c	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3				X 8=		OR	X 5=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))							+5=		OR	+5=.	
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL		OR	TOTAL	
1 1 CLAIMS AS AMENDED - PART II											
H	(Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A	PISO	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.15(4))	68	Minus	" 40	-26		x \$ 25 =	650	OR	x:50 =	
	Independent (37 CFR 1.16(b))	. 6	Minus	" 4	* 2		x \$ 100 =	200	OR	× ;200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+:180 =		OR	+:360=	
. / /							TOTAL ADD'L FEE	850	dos	TOTAL ADD'L FEE	
10	16/06	(Column 1)	_	(Column 2)	(Column 3)			- /			•
AMENDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 OFR 1.16(c))	39.	Minus	- 68	·6		× :25 =	1).	ÓR	x : 50 =	
	Independent (37 CFR 1.16(b))	• 4	Minus	- 6	* D		x s[00 =	d	OR	x 1200 =	
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+:180 =	(D)	OR	+1340.=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)								t.	,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 OFR 1.16(e))	•	Minus	<b>P</b> V	=		x <u>25</u> a	_	OR	x s 50 a	
	Independent (37 CFR 1.15(b))	•	Minus	Pop	Ė		x s100 =	•	OR	x \$200 =	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ , 180 =		OR	+ \$360=	
the state of the s									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retein a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commented on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.